



JUVENILE REHABILITATION ADMINISTRATION (JRA)

COMMUNITY PROGRAM ELIGIBILITY MEMORANDUM

DATE: _____

TO: _____

FROM: _____

SUBJECT: COMMUNITY PROGRAM ELIGIBILITY

NAME	JRA NUMBER	DATE OF BIRTH	GENDER
		<input type="checkbox"/> Male <input type="checkbox"/> Female	
COMMITTING OFFENSE	COUNTY OF COMMITMENT		
SENTENCE	TIME SERVED		
Minimum _____	Maximum _____		
PLACED AT:	REGION OF COMMITMENT		

This youth has been classified as minimum-security eligible. He/she will be placed at the above institution. If you are interested in receiving additional information on this youth, please contact the regional office listed above. This youth will remain eligible for minimum-security classification until his/her first scheduled Community Risk Assessment (CRA) at which point continued availability will be governed by the Community Placement Eligibility Requirements (CPER).

The youth has the following treatment issues/needs:

- Drug and alcohol treatment
 - Recently assessed and recommended for inpatient treatment
 - Recently completed treatment and in need of long-term care
- Mental health services
- Suicidal behavior
- Sex offender treatment services
- Other: _____

cc: Regional Diagnostic Coordinator
Community Facility Liaison